

## EDITORIALS

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SAXTON TEMPLE POPE**

Two families are desolate; physicians, patients, friends—thousands of each—are bereaved, and all citizens of California and many beyond mourn the passing of James H. Parkinson of Sacramento and Saxton Temple Pope of San Francisco.

Doctor Parkinson had been for many years a councilor and for several years chairman of the Council of the California Medical Association. Doctor Pope had been executive officer of the Association and a councilor. But the great work of both was in their service to the frail and suffering.

Both were leaders among men; general practitioners in the best sense of that phrase; worthy, useful citizens and, above all else, men. Biographical sketches by friends are published elsewhere in this issue.

### THE HOSPITAL CRISIS IN ENGLAND

Conservative medical and more general publications in England designate their hospital situation as a crisis—an economic, social and health crisis. As many of our hospital and health problems are quite similar to theirs, but as yet are less acute, and because we are traveling along the same road they have traveled, it may be helpful to notice their problems and what they are attempting for their solution.

England is the most completely institutionalized country in the world as relates to the care of dependents or those partially dependent because of ill health. There is a hospital or, perhaps more accurately expressed, an institutional bed for medical care for each 100 people, including the entire population of 38,000,000. Their hospitals are divided between government (local and general) and voluntary hospitals. The voluntary include public and private of several classes similar to those we have. As with us, many of those operated by local governments and particularly for the poor are not popular with the class of people they are designed to serve.

In an attempt to correct this situation, and at the same time to assist the voluntary hospitals with their finances, there has gradually grown up during the years a custom by which the government pays part or all the costs of service to certain classes of dependent and semi-dependent sick in the voluntary hospitals.

Even before the war their first disastrous step was taken when they passed a compulsory health insurance law modeled upon that of Germany. Under this law certain classes of people under certain conditions were compelled to pay a certain amount of their wages into a common government sick fund. When beneficiaries under the law were ill they were supplied service by doctors appointed by the government, and paid miserable wages or fees out of the government sick fund, a practice analogous to what is called lodge practice, hospital association or health association practice in this country. In its

effect this law not only branded people into classes as definitely as cowboys brand cattle, but it also branded the doctors and other agencies of health as well. A certain percentage of the doctors accepted service under this law and consequently accepted the small fees from patients who had no choice but to accept a service unsatisfactory alike to patient and doctor. Other physicians continued to serve their patients exclusively upon the basis of private arrangements.

Under the stringency of the war and the newer ideas of the equal rights of all citizens that grew out of the war, panel patients began to demand more and better hospital and medical service and they demanded that all evidence of discrimination be removed from them and that they be given the right of a personal choice in doctors, hospitals and other health agencies. These demands, and the large increase of illness and injury, forced the health problem to the front as one of the government's major problems.

After a restudy of their problems the government decided apparently that the doctors were the least dangerous link in their chain and they therefore reduced their already ridiculously low fees. But for once the worm turned; the panel doctors, as they are called, had also learned a lesson from Germany and they decided to refuse the cut and enforced their position by a strike, if you please, just as the panel doctors of Germany were on strike for similar reasons when the war broke out. After months of wrangling a patched-up truce was arrived at by the government compromising with the doctors as regards pay and extending somewhat the right of choice of doctor by the patients.

The hospital service became so financially embarrassed that something had to be done, and a largely attended conference was held by representatives of physicians, labor, hospitals, government, and other organizations. During the conference every agency presented its wishes and conclusions.

Mr. Somerville Hastings in speaking for labor said that "there had hitherto been in this country a very wealthy class and a poverty-stricken class, but in the future conditions would be such that the poor would depend less on the bounty of the rich, and probably the rich might have less to give. Experience had shown that social movements in the experimental stage were best managed by voluntary effort, but when such a movement became a necessity it was better to look for support to a central or a local authority." Continuing, this speaker contended "that payments by patients tended to act as a deterrent or to rob the poorest of the necessities of life and threatened to change hospitals into nursing homes for the middle classes. Workmen might be in this way contributing toward the cost of treatment of men better off than themselves. He did not doubt that people who were very poor considered it a disgrace and would suffer anything to hide it. Put very bluntly, he believed a man had only to be a good liar and dress poorly to enter any hospital, whatever his riches might be.

"The only way out of this impasse was for the state to shoulder the responsibility of providing medical treatment for all who needed it. Labor looked upon health as a national concern, and saw the